



APPLICATION FOR ORIENTATION AND MOBILITY LICENSE NON-IOWA INSTITUTION

Board of Educational Examiners
Use Only

Section I:

9/06

INSTRUCTIONS:

1. Complete Section I.
2. Enclose the \$60.00 evaluation fee.
3. Enclose an \$85.00 nonrefundable licensure fee. Total Items 2 & 3 and remit ONE check or money order, made payable to the **Board of Educational Examiners, Licensure, Grimes State Office Building, Des Moines, IA 50319-0146**.
4. Attach **official** college/university transcripts.
5. Complete Section II. This section is to be completed **only** by the recommending official at the non-Iowa institution where the applicant completed the orientation and mobility program.
6. Verify any full-time (160 school days per school year) orientation and mobility experience on the enclosed form.
7. Complete the fingerprint packet information. Enclose the \$52 fee.
8. Send all materials to the address that appears in #3 above.

NOTE: Photocopies or copies by fax of any application forms or experience verification forms will not be accepted. Original signatures are needed.

Applicant's Folder #	Social Security #	Date of Birth Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Home Phone () _____	Work Phone () _____	Email Address _____ _____	

Background Information:

For any "Yes" response, attach a written explanation on 8 1/2" x 11" paper. Be sure to include the date of the violation. DO NOT explain on this application form. *If you have reported a "Yes" response on a previous application, check "PR" (previously reported) instead of "Yes" on this application, if no further conviction(s) has occurred.

- a. Yes____ No____ PR____ Have you ever been convicted of a felony?
- b. Yes____ No____ PR____ Have you ever been convicted of a crime other than parking or speeding violations?
(NOTE: Include all deferred judgments.)
- c. Yes____ No____ Do you currently have any criminal charges pending against you?
- d. Yes____ No____ PR____ Have you ever had a founded report of child abuse made against you?
- e. Yes____ No____ PR____ Have you ever had an educational license revoked or suspended?
- f. Yes____ No____ PR____ Are you a United States citizen? If you answered "No," check if you are:
 _____ a qualified alien (as defined in 8 U.S.C.A. § 1641). If so, please provide appropriate documentation.
 _____ an alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year. If so, please provide appropriate documentation.
 _____ a foreign national not physically present in the United States.
 _____ other – Please provide a detailed explanation on a separate 8 1/2 x 11 sheet of paper.

Licensure Information:

Check License desired:

___ Provisional (less than 3 years of orientation and mobility experience)

___ Standard (3 or more years of orientation and mobility experience)

Degrees held and conferred:

Bachelor's: ____/____/____ ____ Master's: ____/____/____ ____
 Month Day Year Institution Month Day Year Institution

Specialist's: ____/____/____ ____ Doctorate: ____/____/____ ____
 Month Day Year Institution Month Day Year Institution

Statement of Permission and Fraud:

I hereby give permission for the Board of Educational Examiners to conduct both an Iowa criminal history record check with the Division of Criminal Investigation and a national check through the Federal Bureau of Investigation. Any information maintained by the DCI or FBI may be released as allowed by law.

An application will be considered fraudulent, and may be denied, if it contains any false representation or omission of material fact, or if false records are submitted in support of the application.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

Signature of Applicant

Date

Section II: INSTITUTIONAL STATEMENT - NON-IOWA INSTITUTION

(To be completed **only** by the Recommending Official at the non-Iowa institution where the applicant completed the orientation and mobility program. Please check the appropriate blank lines.)

The applicant has completed the following orientation and mobility requirements.

_____ a. Minimum of 21 semester credit hours in the following areas:

- 1) Medical aspects of blindness and visual impairment, including sensory motor.
- 2) Psychosocial aspects of blindness and visual impairments.
- 3) Child development.
- 4) Concept development.
- 5) History of orientation and mobility.
- 6) Foundations of orientation and mobility.
- 7) Orientation and mobility instructional methods and assessments.
- 8) Techniques of orientation and mobility.
- 9) Research or evidence-based practices in orientation and mobility.
- 10) Professional issues in orientation and mobility, including legal issues.

_____ b. Exceptional Learner (The program must include preparation that contributes to the education of students with disabilities **and** students who are gifted and talented.)

_____ c. Human relations component which contains the following components:

- 1) Be aware of and understand the various values, life styles, history, and contributions of various identifiable subgroups in our society.
- 2) Recognize and deal with dehumanizing biases such as sexism, racism, prejudice, and discrimination, and become aware of the impact that such biases have on interpersonal relations.
- 3) Translate knowledge of human relations into attitudes, skills, and techniques which will result in favorable learning experiences for students.
- 4) Recognize the ways in which dehumanizing biases may be reflected in instructional materials.
- 5) Respect human diversity and the rights of each individual.
- 6) Relate effectively to other individuals and various subgroups other than one's own.

_____ d. The applicant has completed at least 350 hours of fieldwork and training under the supervision of the university program.

(Date on which orientation and mobility program was completed)

**Affix
College Seal
Here**

(Signature of recommending official)

(Typed or printed name and phone number)

(Typed or printed name of institution)

*Recognized Institution -- A recognized institution is one which is a member of the regional accrediting agency for the territory in which it is located. If your institution is not a recognized institution, you will not be able to sign this section of the application.

Experience Verification Form

Orientation and Mobility Specialist

State of Iowa
Board of Educational Examiners
Licensure
Grimes State Office Building
Des Moines, IA 50319-0146

<u>Folder Number (if known)</u>	<u>Social Security Number</u>
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Section I: (To be completed by applicant.)

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: (_____) _____ (_____) _____
Home Work

Section II: (To be completed by administrator.)

I hereby verify that the above-named applicant served successfully as an orientation and mobility specialist in this school district during the dates indicated below, based on a local evaluation process.

- a) _____ - dates in district, list beginning and ending month and year
- b) _____ - specific grade(s)
- c) _____ - school district/other
- d) _____ - city
- e) _____ - state, if other than Iowa

Signature of Administrator Date

Typed Signature of Administrator Telephone #: _____ - _____
Area Code

NOTICE--RETURN TO APPLICANT--DO NOT MAIL DIRECTLY TO BOARD OF EDUCATIONAL EXAMINERS

NOTE: Photocopies or copies by fax of any application form or experience verification form will not be accepted. Original signatures are needed.

NOTE TO ADMINISTRATOR: If in your judgment you are convinced that the applicant above should not be given licensure, at least until further investigation is made, do not sign this form and please write a CONFIDENTIAL LETTER to the above address stating your reasons.

Rules Governing the Issuance of the Orientation and Mobility Specialist License

15.15(272) Orientation and mobility specialist.

15.15(1) Authorization. The holder of this license is authorized to teach pupils (see Iowa Code section 256B.8) with a visual impairment, including those pupils who are deafblind.

15.15(2) Provisional orientation and mobility license. The provisional license is valid for three years. An applicant must:

- a. Hold a baccalaureate or master's degree from an approved state and regionally accredited program in orientation and mobility or equivalent coursework.
- b. Have completed an approved human relations component.
- c. Have completed the exceptional learner program, which must include preparation that contributes to the education of students with disabilities and students who are talented and gifted.
- d. Have completed a minimum of 21 semester credit hours in the following areas:
 - (1) Medical aspects of blindness and visual impairment, including sensory motor.
 - (2) Psychosocial aspects of blindness and visual impairment.
 - (3) Child development.
 - (4) Concept development.
 - (5) History of orientation and mobility.
 - (6) Foundations of orientation and mobility.
 - (7) Orientation and mobility instructional methods and assessments.
 - (8) Techniques of orientation and mobility.
 - (9) Research or evidence-based practices in orientation and mobility.
 - (10) Professional issues in orientation and mobility, including legal issues.
- e. Have completed at least 350 hours of fieldwork and training under the supervision of the university program.

15.15(3) Standard orientation and mobility license. An applicant must:

- a. Complete the requirements set forth in subrule 15.15(2).
- b. Verify successful completion of a three-year probationary period.

15.15(4) Renewal of orientation and mobility license. An applicant must:

a. Complete six units earned in any combination listed below.

- (1) One unit may be earned for each semester hour of graduate credit, completed through a regionally accredited institution, which leads toward the completion of a planned master's, specialist's, or doctor's degree program.
- (2) One unit may be earned for each semester hour of graduate or undergraduate credit, completed through a regionally accredited institution, which may not lead to a degree but which adds greater depth and breadth to present endorsements held.
- (3) One unit may be earned for each semester hour of credit, completed through a regionally accredited institution, which may not lead to a degree but which leads to completion of requirements for an endorsement not currently held.
- (4) One unit may be earned upon completion of each licensure renewal course or activity approved through guidelines established by the board of educational examiners.

b. Submit documentation of completion of the child and dependent adult abuse training approved by the state abuse education review panel. A waiver of this requirement may apply under the following conditions with appropriate documentation of any of the following:

- (1) A person is engaged in active duty in the military service of this state or of the United States.
- (2) The application of this requirement would impose an undue hardship on the person for whom the waiver is requested.
- (3) A person is practicing a licensed profession outside this state.
- (4) A person is otherwise subject to circumstances that would preclude the person from satisfying the approved child and dependent adult abuse training in this state.

EXCEPTION: An orientation and mobility specialist is not eligible for any administrative license in either general education or special education.